UTAH MEDICAID ICF/MR FACILITY
State Fiscal Year 2009
QUALITY IMPROVEMENT INCENTIVE APPLICATION
Rule R414-504-5

This form and all supporting documentation must be received on or before June 8, 2009

Facility Name: _____

Medicaid Provider I.D. _____   Administrator: _____

Please mark all that are complete:

☐ This facility received no violations that are at the "immediate jeopardy" level, as determined by the Department, at the most recent re-certification survey and during the incentive period.

☐ This Facility has implemented a meaningful Quality Improvement plan which includes the involvement of residents and family. *(A brief description of our Quality Improvement Plan is attached.)*

  ☐ This facility has a demonstrated process by which our Quality Improvement plan is assessed and measured. *(A brief report describing this process including an example demonstrating how the facility assessed, responded to and re-evaluated a clinical quality concern, is attached.)*

  ☐ This facility had **customer** satisfaction surveys conducted by an <u>independent third-party</u> entity in each quarter of the incentive period. The following information is attached:

    ☐ Name and brief description of the third-party entity performing the quarterly survey.
    ☐ Brief description of
      ▪ the survey questions,
      ▪ who is surveyed,
      ▪ when the surveys are done, and
      ▪ how this facility uses the survey results to improve operations / customer satisfaction.

    ☐ July, August or September 2008 survey results summary (e.g., a graph, etc.)
    ☐ October, November or December 2008 survey results summary (e.g., a graph, etc.)
    ☐ January, February or March 2009 survey results summary (e.g., a graph, etc.)
    ☐ April, May or June 2009 survey results summary (e.g., a graph, etc.)

Please ensure that the attached documents do not exceed a total of 10 pages.

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: _____   Date: _____

Note: Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify.